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Testimony of
Teresa C. Younger
Executive Director
The Permanent Commission on the Status of Women
Before the
Labor and Public Employees Committee
Tuesday, February 20, 2007

In Support of:

S.B. 371 Workplace Safety
S.B. 601, AA Mandating Employers to Provide Paid Sick Days Leave to Employees
H.B. 6333, AA Expanding the State Employee Health Insurance Plan

Good afternoon Senator Prague, Rep. Ryan and members of the Committee. I am Teresa Younger, the Executive Director of the Permanent Commission on the Status of Women. Thank you for this opportunity to testify in favor of several bills before you today.

H.B. 6333, AA Expanding the State Employee Health Insurance Plan

PCSW supports passage of H.B. 6333 which would establish a state health pool to ensure quality, affordable healthcare for all Connecticut residents. The PCSW convenes the Connecticut Women's Health Campaign (CWHC), which is a broad coalition of organizations who have been committed to and working for the health and well-being of Connecticut women and girls for over ten years. The PCSW and the CWHC support universal health coverage, and believe that coverage cannot be truly universal without recognizing the special needs of women.

According to the Office of Health Care Access, 166,652 women in Connecticut were uninsured at some point during 2005, and 52,368 of these were working women.¹ Findings from the *Health Economic Self-Sufficiency Standard*² further illustrate that women are more vulnerable to medical debt than men. Fifty-six percent of medical bankruptcy filers are women and that female-headed households have higher out-of-pocket expenditures than male-headed households.³

Universal health care for women must be gender appropriate, culturally competent, comprehensive and preventive, and confidential. We urge you to consider the following principles as you deliberate health care reform proposals this year:

Public Insurance is a Building Block for Universal Coverage. Because employer-sponsored insurance has eroded, public health insurance programs have been used to fill gaps in health care coverage. HUSKY covers over 80,000 women in our state, and Medicaid serves thousands more elderly and disabled women. Medicaid plays a vital role for women's health throughout the lifecycle. It prevents women from being over represented among the uninsured. SAGA medical is a lifeline for almost 30,000 residents, and women comprise 40% (approx. 12,000). Finding a way to obtain federal dollars to expand, support and stabilize these systems would be a great step forward for Connecticut.

Young adults need expanded coverage. We urge the committee to consider raising the age of private, commercial coverage to 30 years, as young adults ages 19-30 are more than twice as likely to be uninsured as children or the elderly. According to the Office of Health Care Access 2006 Household Survey, while the percentage of residents without insurance is low relative to other states, CT youth, ages 19-29 are disproportionately represented among the uninsured. Women aged 19-29 represent almost a quarter of all uninsured women in the state (23.8%), and men aged 19-29 represent almost more than a third of all uninsured men in the state (36.1%).⁴

Targeting the costs of health insurance for the small businesses sector is critical. Microenterprises employ twice as many people as the top 25 largest employers in our state. The Microenterprise Resource Group conducted a recent survey⁵ which found: 85% of small business felt that health insurance was a necessity for themselves and their employees, but the vast majority do not offer insurance; over three quarters are willing to contribute to insurance premiums; and, respondents said that they would prefer to

¹ Office of Health Care Access, 2006 Household Survey.

² Foundation for Connecticut Women, "The Real Cost of Living and Getting Health Care in Connecticut: the Health Economic Sufficiency Standard." HESS measures the economic burden of health care and illness on Connecticut families. See <http://www.cga.ct.gov/PCSW>.

³ M. Merlis, "Family Out-Of-Pocket Spending for Health Services: A Continuing Source of Financial Insecurity," Commonwealth Fund, June 2002.

⁴ Ibid.

⁵ Micro-Enterprise Resource Group-Universal Healthcare Survey Project Results. December 2006.

buy insurance through 1) a state pool or 2) buy individual policies if tax credits were available. State subsidies for coverage were also favored. According to information from the Connecticut Business and Industry Association, the average cost of health insurance for a small employer is between \$4,654 and \$4,930 per enrolled employee.⁶ We support allowing premiums to be deducted pre-tax for consumer affordability, as well as tax deductions for small businesses that offer health insurance plans.

S.B. 601, AA Mandating Employers to Provide Paid Sick Days Leave to Employees

PCSW supports S.B. 601 which would require employers of 15 or more employees to provide paid sick leave to their employees. As you are aware, the PCSW has long supported paid family and medical leave proposals, including paid sick leave.

In 2006, the PCSW commissioned a poll, conducted by the University of Connecticut's Center for Survey Research & Analysis, to find out the concerns of Connecticut residents. More than a third of Connecticut workers (36%) reported that they do not have paid sick time; 56% worry about losing pay or their job if they are sick; and, 36% worry about having trouble at work because of taking time off to care for a family member. Nationally, nearly half of all private sector workers (47%) have no paid sick time⁷, with a total of 59 million private and public sector workers having no paid sick days, and 89 million having no paid sick days to care for sick children.⁸

Many women manage multiple roles – parent, spouse, caregiver, and employee – yet recognition of the impact on their own and their families' health and economic well-being is sometimes overlooked. Nearly one-half (48%) of women ages 18-64 have children under age 18 at home; 71% are working full-time and the remaining 29% are working part-time⁹ Given current norms of caregiving, women are more likely to stay home with a sick family member, yet are less likely to have paid time off. Half of working mothers and 30% of working fathers report that they miss work when their child is sick.¹⁰ Half of working mothers do not get paid when they miss work to care for a sick child. Two-thirds of low-income women (below 200% of the federal poverty level), 75% of very poor women (below 100% of the federal poverty level), and two-thirds of part-time women workers do not get paid when they miss work to care for a sick child.¹¹

⁶ Kaminski, Janet L. Connecticut Office of Legislative Research. "Cost Of Health Insurance For Small Employers," October 19, 2005 (2005-R-0706).

⁷ U.S. Department of Labor, Bureau of Labor Statistics, *Employee Benefits in Private Industry*, 1999, accessed 2/07 at www.bls.gov.

⁸ Vicki Lovell, *No Time To Be Sick: Why Everyone Suffers When Workers Don't have Paid Sick Leave*, Institute for Women's Policy Research, June 2004, p. 1.

⁹ The Henry L. Kaiser Family Foundation, *Women, Work, and Family Health: A Balancing Act*, April 2003.

¹⁰ *Ibid.*

¹¹ *Ibid.*

Lack of paid sick leave is a problem not only for employees, but also for their co-workers, employers and families. When ill, those workers with no paid sick leave must decide whether to go to work ill or take unauthorized time off without pay, which may result in the termination of their job. The U.S. Department of Labor conducted a national survey in 2000 and found that more than three in four employees who needed but did not take leave cited lost wages as the primary reason.¹² This has resulted in a phenomenon known as "presenteeism." That is, employees are going to work ill and are not only unable to perform at their usual level of productivity, but they also risk spreading their illness to co-workers. In fact, 44% of corporate human resource executives say that "presenteeism" is a problem in their companies.¹³ The cost of lost productivity of workers is greater than the combined cost of employee absence and health and disability benefits.¹⁴

Paid sick leave is an essential health care policy for all businesses. Employers' efficiency is raised when healthy workers are able to perform at their highest levels of productivity.

S.B. 371 Workplace Safety

PCSW supports initiatives that address bullying in the workplace. According to the Workplace Bullying Institute, workplace bullying is defined as¹⁵;

- The repeated, health-endangering mistreatment of one or more persons by one or more perpetrators that takes to form of
 - Verbal abuse
 - Threatening, humiliating or offensive behavior/actions
 - Work interference—sabotage—which prevents work from getting done

We have found that workplace bullying is disproportionately a woman's issue. Fifty-eight percent of all bullies are women and the majority of workplace bullying is done to women. In fact, 81% of female bully's targets are women and 71% of male bully's targets are women.

Workplace bullying can have very detrimental affects on a person's health. The most common affect of workplace bullying is anxiety, stress or excessive worrying (76%). These affects are closely followed by; loss of concentration (71%), disrupted sleep (71%), feeling edgy, irritable, easily startled and constantly on guard (60%) and

¹² National Partnership for Women & Families, *Family Leave for More Family Needs*, available at <http://www.nationalpartnership.org>.

¹³ National Partnership for Women and Families, *Get Well Soon: Americans Can't Afford to Be Sick*, June 2004, p. 3, as derived from CCH Incorporated, 2003 CCH *Unscheduled Absence Survey*, October 2003.

¹⁴ See note 2, p. 4.

¹⁵ <http://www.bullyinginstitute.org/bbstudies/def.html>

stress headaches (55%)¹⁶. Workplace bullying is a very real issue and clearly has negative impacts on it's victims.

Research indicates that there are different types of bullying. The primary types of bullying are physical bullying (i.e pushing, shoving, physical confrontations) and emotional bullying (name calling, gossip spreading, relational aggression). Emotional bullying is prevalent mostly among girls and is believed to be a result of society's expectations of girls. Girls are raised to be "nice" and this type of manipulative bullying allows girls to maintain a façade of "niceness" while exerting power over their classmate(s).

This is important to note when discussing workplace bullying because the majority of workplace bullying seems to be in the form of relational aggression.

More women tend to be bullies and more women are the victims of bullying in the workplace. There is a connection between childhood bullying and workplace bullying, girls not held accountable for their bullying behavior as youth will likely have their bullying behaviors follow them into the workforce. PCSW continues to support efforts to end both school bullying and workplace bullying. Thank you for the opportunity to testify in support of this important measure.

We thank you for your attention and urge your support of these proposals.

¹⁶ <http://www.bullyinginstitute.org/res/2003E.html>

